

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	10/016,977
Filing Date	December 12, 2001
First Named Inventor	Kin-Ping Wong
Art Unit	1654
Examiner Name	Susan D. Coe

Attorney Docket Number

AN 2002.00

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input checked="" type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
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<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
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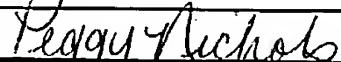
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bingham McCutchen LLP
Signature	
Date	February 26, 2004

CERTIFICATE OF MAILING

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Typed or printed name	Peggy Nichols		
Signature		Date	February 26, 2004

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FEE TRANSMISSION FORM	
for FY 2004	
Effective 10/01/2003. Patent fees are subject to annual revision.	
MAR 01 2004 U.S. PATENT & TRADEMARK OFFICE	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\\$) 640
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2518 Deposit Account Name: Bingham McCutchen LLP				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee Code</td><td>Fee (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>2051</td><td>130</td><td>65</td></tr> <tr><td>1052</td><td>2052</td><td>50</td><td>25</td></tr> <tr><td>1053</td><td>1053</td><td>130</td><td>130</td></tr> <tr><td>1812</td><td>1812</td><td>2,520</td><td>2,520</td></tr> <tr><td>1804</td><td>1804</td><td>920*</td><td>920*</td></tr> <tr><td>1805</td><td>1805</td><td>1,840*</td><td>1,840*</td></tr> <tr><td>1251</td><td>2251</td><td>110</td><td>55</td></tr> <tr><td>1252</td><td>2252</td><td>420</td><td>210</td></tr> <tr><td>1253</td><td>2253</td><td>950</td><td>475</td></tr> <tr><td>1254</td><td>2254</td><td>1,480</td><td>740</td></tr> <tr><td>1255</td><td>2255</td><td>2,010</td><td>1,005</td></tr> <tr><td>1401</td><td>2401</td><td>330</td><td>165</td></tr> <tr><td>1402</td><td>2402</td><td>330</td><td>165</td></tr> <tr><td>1403</td><td>2403</td><td>290</td><td>145</td></tr> <tr><td>1451</td><td>1451</td><td>1,510</td><td>1,510</td></tr> <tr><td>1452</td><td>2452</td><td>110</td><td>55</td></tr> <tr><td>1453</td><td>2453</td><td>1,330</td><td>665</td></tr> <tr><td>1501</td><td>2501</td><td>1,330</td><td>665</td></tr> <tr><td>1502</td><td>2502</td><td>480</td><td>240</td></tr> <tr><td>1503</td><td>2503</td><td>640</td><td>320</td></tr> <tr><td>1460</td><td>1460</td><td>130</td><td>130</td></tr> <tr><td>1807</td><td>1807</td><td>50</td><td>50</td></tr> <tr><td>1806</td><td>1806</td><td>180</td><td>180</td></tr> <tr><td>8021</td><td>8021</td><td>40</td><td>40</td></tr> <tr><td>1809</td><td>2809</td><td>770</td><td>385</td></tr> <tr><td>1810</td><td>2810</td><td>770</td><td>385</td></tr> <tr><td>1801</td><td>2801</td><td>770</td><td>385</td></tr> <tr><td>1802</td><td>1802</td><td>900</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$ 640)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code	Fee (\$)	Fee (\$)	1051	2051	130	65	1052	2052	50	25	1053	1053	130	130	1812	1812	2,520	2,520	1804	1804	920*	920*	1805	1805	1,840*	1,840*	1251	2251	110	55	1252	2252	420	210	1253	2253	950	475	1254	2254	1,480	740	1255	2255	2,010	1,005	1401	2401	330	165	1402	2402	330	165	1403	2403	290	145	1451	1451	1,510	1,510	1452	2452	110	55	1453	2453	1,330	665	1501	2501	1,330	665	1502	2502	480	240	1503	2503	640	320	1460	1460	130	130	1807	1807	50	50	1806	1806	180	180	8021	8021	40	40	1809	2809	770	385	1810	2810	770	385	1801	2801	770	385	1802	1802	900	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 640)	
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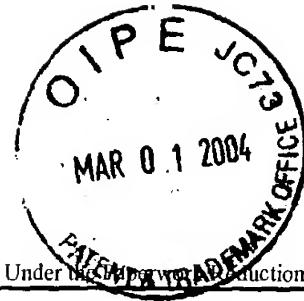
**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Antoinette F. Konski	Registration No. (Attorney/Agent)	34,202	Telephone	(650) 849-4950
Signature:			Date	February 26, 2004	

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
AN 2002.00

In re Application of	Kin-Ping WONG		
Application Number	10/016,977	Filed	12/12/01
For	Compositions Containing an Active Fraction Isolated From Scutellarie Barbatae and Methods of Use		
Group Art Unit	1654	Examiner	Coe, Susan D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | | |
|-------------------------------------|----------------------------------|----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$950.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$475.00
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2518 referencing billing no. AN 7009682001.

I am the applicant/inventor
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

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Feb. 26, 2004

Date

Antoinette F. Konski
Signature

Antoinette F. Konski (Reg. No. 34,202)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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